# Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, County Hall, Newport, Isle of Wight, PO30 1UD. If you need help filling in this form please phone **01983 821000**. Please complete all sections of this form.

## 1 Address where you are registered to vote

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## 2 About you

- **First name(s) (in full)**

- **Surname**

- **Title (Mr, Mrs, Ms, Miss, Dr, Other)**

## 3 Your Date of Birth

<p>| | | |</p>
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## 4 Declaration

As far as I know, the details on this form are true and accurate. (You can be fined for making a false statement on this form.)

Signature: Please keep within the border and use **BLACK INK**.

**OR**: I cannot supply a signature because

## 5 Postal vote for which elections

- All elections you are entitled to vote at
- Local elections
- Parliamentary or Assembly elections

## 6 For how long do you want a postal vote?

- Until further notice
- For election(s) on
  - Day
  - Month
  - Year
- For election(s) until
  - Day
  - Month
  - Year

## 7 Address for postal ballot paper(s)

- My address where I'm registered to vote
- The following address

Reason for sending ballot paper(s) to an alternative address

## 8 Have you had help completing this form?

Name and Address of helper

**OR**: I cannot supply a signature because

Date Of Signing: